

M11000000 2345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

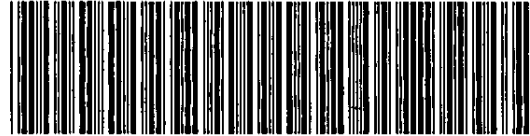
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
16 MAR 28 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 29 2016  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EXPERT TITLE AND ABSTRACT LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Savannah Gouge

Name of Person

Expert Title and Abstract LLC

Firm/Company

1621 Central Avenue

Address

Cheyenne WY 82001

City/State and Zip Code

sjeangouge@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Savannah Gouge

Name of Person

at ( 800 ) 211 0812

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: EXPERT TITLE AND ABSTRACT LLC

Enter new principal office address, if applicable: 1621 Central Avenue

(Principal office address

MUST BE A STREET ADDRESS)

Cheyenne WY 82001

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

1621 Central Avenue

Cheyenne WY 82001

2. The Florida document number of this limited liability company is: M11000002345

3. Jurisdiction of its organization: WY

4. Date authorized to do business in Florida: 2011

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Savannah Gouge

New Registered Office Address: 4100 Dancing Cloud Court #266

*Enter Florida Street Address*

Destin

Florida

32541

*City*

*Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

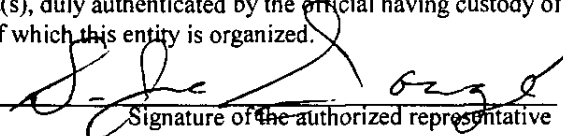
Savannah Gouge  
If Changing Registered Agent. Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>RA</u>	<u>James Webb</u>	<u>211 Durango, Destin Fl</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>MGR</u>	<u>JAMES WEBB</u>	<u>211 Durango, Destin FL</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>RA</u>	<u>Savannah Gouge</u>	<u>4100 Dancing Cloud</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>MGR</u>	<u>Savannah Gouge</u>	<u>4100 Dancing Cloud</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

Savannah Gouge

Typed or printed name of signee

Filing Fee: \$25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA